

GAC Medicaid Transition Day Services Work Group  
April 29, 2015 10 a.m. – 12 p.m.

Susannah: Does anyone have any additions or changes to the agenda?

Okay, we're going to review the meeting rules. Would someone like to review those.

Tom, do you want to review the meeting rules?

Tom: Okay. Meeting rules. We are going to - of course, before since it's being recorded, we are going to say your name prior to speaking. Make sure cell phones are turned off or vibrate if you need to talk to somebody. One person speaks at a time. And we're starting and ending meetings according to the agenda on time. Be present and stick to what is on the agenda.

Susannah: Any comments to that from anyone in the group? Would someone like to review the goal of this group? I think it's good that we start each meeting with a little of that so we don't get off track so then if anyone gets off track we can just refer to number four. No one is offering up anything.

Female Speaker: I will. The review [Laughing] the goal is for this group to provide DDDS recommendation for day service assessment goals as well as looking at the evidence for the look behind requirement.

Susannah: Okay, everyone is good with that and know where we're going? Okay, the first thing on the agenda is to review the meeting transcript from last week. I don't know how many of you actually read it all. I got it late. I didn't read it. Full disclosure. Does anyone have any comments on it if you did read it? I know Denise read it.

Denise: I read it. I tried to read most of it and it did help since I wasn't there at the meeting so it did help me.

Female Speaker: I didn't get the disclosure. On my email?

Susannah: You may have needed to scroll down. There's a lot of stuff I sent. It was definitely there.

Female Speaker: Well I scrolled down last night for the agenda and it was blank.

Susannah: Did anyone else have that problem? Barb, I'll make a note to resend everything to you. Emmanuel is going to resend it to you. You weren't on the committee then [Chuckling]. Sorry. I'll add your name. Emmanuel said he would resend it back to you.

Female Speaker: It is time-consuming to go through it but it was beneficial.

Female Speaker: We are forgetting to say our names again.

Angie: I think the transcripts are beneficial but very time-consuming.

Suzanna: TC, did you have anything you wanted to add to that?

TC: Well, I read it too and I specifically went to what I was saying and there was a whole paragraph, I sounded like I was either on drugs, and I really hope I don't come across that way here. Because I was looking at it going, what, what? It looks like whoever was doing it was just putting words in when they could probably not understand what I was saying. So I don't know.

Male Speaker: It was probably just you. [Group laughter]

Susannah: That was Gary who made that snort. Yes. [Group laughter]

Denise: I read both of them, the first transcript, and the other one when I was out of state for a while. So it took me days, I couldn't believe, and it took me a while to figure out that D-S-A-A-P-D was spelled phonetically or something and I was going, what the heck is that. Desapid. ([Group laughter] Okay.

Susannah: This is Susannah. I guess it's good to have them, actually the first time I referred back to them with a couple of questions which I had, which I couldn't remember how something was dealt with, so I don't think it hurts. Lisa is going to be taking minutes for us also today and we'll send those out. She'll send them to me tomorrow. We'll review them and we'll send them out tomorrow. So that there is something in advance of getting the transcript the day before the meeting and I think it will help us all to kind of refresh our memory of what happened at the meeting. Does anyone have any concerns or questions about us doing those minutes? Okay. The next thing on our agenda, and we are way ahead, is Marissa giving us updates from questions we had for DDDS.

Marissa: this is Marissa Cavlon. So last meeting I was not here but what was communicated to me was a handful of questions so I am going to read into record both the question and the answer that is being provided and I think it was also in a paper form as a handout so you should have that available to you. The first question I received was, can an answer to a question on the checklist be, no. The answer the division is giving is the division expects that the answers to some of the questions would be "no" at this time because we do not expect that every provider complies with every requirement at the moment. In the case when a provider answers "no" they are not in compliance with a particular requirement, the expectation is that corrective action is taken so that the response would be eventually "yes, we comply." The second question that was given was, is this advisory work group involved in the look behind process. The answer the division is providing is DDDS would welcome this advisory workgroup's recommendations for developing the assessment protocols. This could include recommendations pertaining to the look behind process. Of related is question three.

Can providers be part of a look behind team? The answer the division is giving is the look behind will be completed by state staff for all provider self assessments. The providers will be there to format { unintelligible } look behind providing the documentation evidence of why they were or were not in compliance. This is a state responsibility since we have to assure CMS of the compliance. Question four, instead of using the word “setting” on proposed documents can other words like “environment” or “location” be used. The answer the division is giving is “setting” describes the place where a service is provided. If another word is substituted for “setting” the expectation is the substituted word also intends to describe the place where a service is provided. The last question that I received was, would a setting that is not controlled by the provider be assessed. The answer the division is giving is, the setting where the service is provided would be assessed. If there are additional questions I'll be glad to make sure that I note those and answer those for the next meeting.

Susannah: this is Susannah. Barb, did you have a question during that?

Barb: no.

Susannah: Okay, I thought you looked up and I thought you were going to ask a question. Sorry.

Gary: Did you say there was a handout of –

Female Speaker: Yes.

Lisa: I know am making a bunch of typos but I'll fix it. I'm just trying to capture right now, so, it will be cleaned up before--

Gary: I think the answer to the first question is an interesting issue in terms of process because it indicates that for what goes on to the self-assessment the expectation is that

eventually all the responses would be “yes,” which means that the selection question is critical because the implication is, you have to end up with 100% compliance with whatever we express as the items.

Susannah: Is that accurate, that it has to be 100% in compliance?

Female Speaker: I do not know that that is #

Gary: Well, read item number one. The answer to item number one, that's clearly the implication.

Female Speaker. Right, that's very true.

Susannah: Can we get a clarification on that? Because I think that clearly has an impact on what we ultimately decide we are going to recommend.

Katina: It's interesting because the Minnesota tool if you look at it, actually has the list in their answers, the draft. It says, are you in compliance or where are you, I forget how they word it.

Susannah: What is your plan?

[Talking over each other]

Katina: Right. They put some timelines in it. That might be something before looking at a yes/no and if we're going to be not in compliance.

Susannah: I would think that that would come up in the look behind in the evidence versus in the assessment tool. I'm still going with, the assessment tool should be less complicated versus more complicated. That's my feeling on that. I mentioned to Marissa beforehand the DSPD assessment tool had four or five questions in one box with a yes or no answer, which I found improbable that anyone could actually respond to that negative or positive unless everything was either negative or positive, so I didn't think

that was a particularly good way of doing an assessment.

Brian: I think to me the other perhaps more critical component of the answer to question one is the fact that the division does understand there are going to be some providers that might be out of compliance with some elements of the tool that we are creating versus trying to-- I can see how some providers might, not necessarily here, but in general, in the community, be sensitive to a tool getting created that they know they are going to end up answering "no" to. It sounds like those who answer "no" it's not like they're going to be immediately shut down or anything like that, rather there's the division would be looking for a plan to be put into place so that over the course of time those things would eventually be put to rest so - I totally get what Gary is saying. I think finding clarification on that piece and the last part of the answer is important, but I also just want to note the importance of that first component as well, that a "no" doesn't mean you're out of compliance and that's the final answer.

Gary: One of the really challenging issues connected with all this when you talk about remediation plans is expense elements. And given that the systems, currently day services, roughly 20% underfunded according to the state's own assessment, some of that activity is going to be absolutely impossible unless additional funding is available. So for providers to set forth a plan for how they are going to correct something to an absolute version where you're 100% in compliance with all of these notions, that has huge implications that the state better consider now or we aren't going to be able to get through this process of self-assessment, because you couldn't possibly set forth a plan that's contingent on, obviously I'm making a bunch of assumptions, but I think they're quite valid, that if the funding issues aren't addressed, you can't set forth a plan of

correction.

Kimberly: From what I've read there is an option for approval for compliance based upon heightened scrutiny so I'd be curious what the department stance is on this 100% because the department is allowed to say that they are in compliance under this heightened scrutiny category, which allows for some form of, call them "exceptions" to the rule based upon certain circumstances, if that makes sense. So I don't know how we could definitely say that everything has to be 100% yes. I'd be curious to see the results of that because based on the CMS rule and the guidance that I've read to this point there is an option for the heightened scrutiny which my understanding would mean that you're not 100% in line with the CMS rule but for justifiable reasons.

Denise: If you're in compliance or you're not, no matter what the subject, the amount is, there's in compliance or there's not in compliance, and the heightened scrutiny is done by deciding how you are in compliance although it appears that you're not. You might put down a "no" because you're not doing that particular thing but if you claim you're in compliance you have to explain why that "no" still means you're in compliance. It doesn't give you an exemption and it doesn't make it okay to continue that but if it isn't what it looks like, I know that sounds confusing (chuckling), you have to explain that's what the heightened scrutiny is for.

Gary: From reading the state plan there's a reference to I believe the term is "deviations" which are essentially individually justified exceptions for limitations based on the person's person centered plan so according to the state's plan the setting can be in compliance with accepted deviations that are identified and documented based on the person centered plan.

Stacy: That's what I thought. In the transition plan that if you weren't 100% compliance you could go back and argue your case. It doesn't have to be 100% but you have to argue it, so that's where the state comes in. How much will they bend, or are they going to be very rigid with the transition plan? That is the question.

Suzanne: And just a point of clarification. I don't believe that's what Denise said, but I do believe the person-- we are going to get our direction from DDDS, am I correct on that? So we've already asked Marissa to come back and answer that for us at the next meeting. We can debate this a lot but right now it's really going to be up to DDDS what the answer to that is, so I don't mean to cut anyone off if you want to continue the debate but it's ultimately going to fall to Marissa to bring us back that answer at the next meeting. Denise and Gary, are you okay with us moving on to question two or, Gary?

Gary: Sure, but it's going to remain a major point as we look at every item because the selection of each item becomes all the more critical because the indication at this point from the division is that it does require 100%.

Susannah: I agree with that point and I think today when we start reviewing the three remaining states and the DSPD that we were going to review today, I think we're not going to make any final decisions on questions anyway so by the time next week when we are making decisions on questions based on our timeline I think Marissa will have an answer for us. Marissa is saying she would imagine so. She is committed to it now.

[Laughter] So do we want to move on to question, the second one then?

Brian: I just wanted to say one more thing, not to that point, but something that Gary mentioned before. Just acknowledge what she was saying. Certainly we know that if a provider is out of compliance it will take, for some to really creative efforts, and



potentially collective efforts to shift their models and so I think it is important to acknowledge that. And that said, I think it's also important to see the self-assessment and the funding related to changes that need to be made as very related but still separate issues. Whether or not funding is available I don't think should necessarily drive the self-assessment itself because assessment comes out of the rule, the CMS rule. And what the feds had said we need to be working toward. Then it's up to the state to ensure that those are out of compliance are supporting those providers that need to make shifts in their processing.

John: I disagree. Simply because in order to write the rules of compliance, and I think the feds outline on compliance is rather broad, so I'm not sure that the issue is whether or not the feds compliance are going to be met, but the additional compliance that will be included by DDDS. My understanding of this is that, what I think I saw in the frequently asked question portion of this is that, the feds provide the minimum requirements and the states have the ability to continue to up the ante on that, and if the state chooses to continue to up the ante and there's a cost involved with that, that cost has to be clearly defined and get back to those people that are to provide that funding because if it doesn't there's a good chance that everybody will remain out of compliance regardless. So I think it has to be part of the conversation as we continue to move along and as we develop those questions. I do think it is something that DDDS needs to be aware of and take into consideration as it comes back with its recommendation so I really do not think they are separate conversations. I think it's a conversation that is intrinsically linked. If we try to do one without the other, I think we could find ourselves in a position of being, we are in such a tight timeline with this thing that we can by the time

this tool is developed we could already be out of compliance. So I would strongly suggest that we keep that as part of our consideration.

Marissa: I have noted the concern regarding the excessive mediation. I do want to clarify, are you proposing that until DDDS submits their plan for how they perhaps might support funding for remediation, this group is not going to work towards developing the tool or should not work towards developing the tool?

Gary: I would suggest that maybe when we look at the documentation requirements that there be an opportunity in response to each question where the provider could set forth the notion that they think remediation would be apropos.

John: I'm not suggesting that we don't continue to do this. What I am suggesting is for lack of a better way to put it, that is, if there is an additional expense required to do that there should be some sort of fiscal note that indicates that and even if possible, I don't know if it's possible with such a large group, but even if possible to identify or quantify what we think that would be, Certainly I think we still need to move forward and do it, but to separate the two out to me is just a recipe for failure. And I think we're committed to be successful, not to fail at it.

Marissa: I think that if you look on the surface, the charge of this committee could seem to be very specific but I think that it actually is a bit more complex. And what I mean by that is you can initially think you're going to just develop a tool, but really what we are looking for from this committee is to provide recommendations on the tool as well as the entire process, so if there is a belief by this committee that other items need to be recognized and included in the total recommendation by this committee, I think that that is spot right.

Susannah: Can we take a vote? Does everyone agree that that is the case, that the expense or the cost of remediation needs to be a part of what we incorporate in this, that our recommendation to DDDS is that it be incorporated because that deviates a little bit from what we said before.

Lisa: I have a question. Just because maybe I don't understand. Can you explain what types of things you think would need a fiscal note to remediate? Clearly if there's a physical barrier to the structural setting of the program that the provider is doing a self-assessment, that makes sense to me. But it seems to me that many of these other things that we're considering at this point would be little or no cost. It's a philosophy shift, a mindset change, and many of those things could be done for little or no cost but maybe you could just have to educate me about that.

Gary: I think your supposition is accurate. I think the vast majority of the issues involved are not directly expense related or dependent on additional funding or anything. But when you look at particularly services like day habilitation involving people with significant support challenges such as mobility challenges, transportation is a big piece of the picture. And many of us know that the DDDS system in terms of funding etc. does not adequately support programmatic transportation nor door-to-door transportation and the additional expense is all worn by the provider, so there's a huge amount of latitude on the part of the provider in terms of how much they put into those option or heretofore option features. And those are very expensive at times and more importantly, the staffing supports to provide services in the community are very very expensive for people with high support needs that go way beyond what's provided under current funding structure and as a result providers have to tailor how much of that they do

according to the available dollars, not according to what they want to do or what the consumer wants to do, so there are harsh limitations in terms of staffing and transportation is probably the most glaring examples.

Vicki: I'd like to add to that staffing component as well. Yes it is the staff to support those who have higher needs to be successful in the community but there's also a different level of staff. You're looking for some consultation services with behavior analysts possibly, some medical staff support for folks who are medically fragile, so I think that there's an implication for needing this to be addressed. We all want to be there. We just know that the barrier right now is how do we fund appropriately fund the staff to be able to do this.

Gary: To emphasize what Katina is saying, to have community-based services safe where a staff are out there providing the services in conjunction with the mission of the agency and mission of DDDS, when no one is able to directly monitor what they are doing in the community, that requires a whole different type staffing than what our DSPs, direct support professionals have traditionally been called upon to do where they are under eyes on supervision all the time. It's a whole different world in terms of risk management to provide those services safely and in keeping with the appropriate philosophy when people have to be on their own in the community.

Terry: When you talk about people who are medically fragile most of those come with their own nurses I believe in the day programs. You would consider my daughter medically fragile. She really isn't. She could go out with someone. But the people that are truly medical medically fragile and do need medical interventions do have nurses with them. From what I've seen in the day program I don't know what your program is.

John: I would have to disagree also. We are fortunate with the times to have nursing on our staff but they are not paid for by individuals who are medically fragile. I can think of two individuals. They are both actually in the southern end of the state that have a nurse that comes with them. The rest of the folks who come to us, we find a way to pay for that cause which means if they go out to the community that nurse has to go with them so they don't come with additional funding to support medically fragile. And I would assume, Gary, you're probably even more, you do more of this than we do, but I'm not sure that that's necessarily true.

Gary: We serve a lot of folks with medical support needs and medical complications. I don't know that I term them as being medically fragile. We have I believe only less than five folks statewide who come with their own nurse. And we no longer employ nurses because the DDS rate system does not specifically pay for them. Without rate exceptions and that's a bastardization of the { unintelligible } system so we don't even have a nurses. So to support those folks is additionally risky given that they don't have their own nurse and we don't have nurses to support them, so it takes extraordinary DSP coverage to make sure things are safe when they are serving.

Female voice: I have a question. Another part of it, job coaches. Right now is there much funding for job coaches because wouldn't we need a lot more job coaches for people to go out into the community, or no?

John: For our program it's driven by the person centered plan. Ratios we can work under. The ratios are developed under the individual -

Female Speaker: So job coaches wouldn't be considered.

John: I want to expand on that because what happens after that takes place and the

ratios are developed, the team determines whether that ratio is safe or not. If it is not safe, then we have to go back for additional funding for a job coach to provide the support. We may or may not get it. If we do not get that funding, then we provide the ratio that's available, which may in fact limit a person's ability to do wanted to do within that plan. So it is driven by that. Sometimes it's there. Sometimes it's not. But there is an additional cost. I've said to folks in our prevocational program I could put everybody to work if they had one-to-one funding. That is not going to happen. We know it is not going to happen. But the fact of the matter is philosophically we can be very much in line with the goal to move people out of any facility basically. But then is that support system going to be there for them, and that is the question.

Female Speaker: And that is the goal though with this transition plan, to have everybody that we can out in the community working. Right?

Susannah: { Unintelligible } is the state law. We are not debating employment first her. We're creating an assessment tool to determine if we are meeting the HCBS regulations so that's a different—I understand it's all linked but we really need to be focused on what we are doing here at this table. I said it before. If anyone on this committee doesn't understand that there is a cost associated with making these changes and that Marissa is going to go back and discuss that with DDDS and come back with some response to us on that, does anyone not understand that? Do we need to--

Barb: Yeah, you need to explain that more.

Susannah: Okay. What we are talking about is there are things in these regulations, questions that we are going to answer that may be, "no, this person does not have that freedom or that liberty." But in order to have it we are going to need more people to help

them get it. And is DDDS going to be funding attached to that, money attached so they can get what they need? Does that help, Barb?

Barb: Yes, that does, thank you.

Female Speaker: Just a point to clarify because I don't know if it completely answered the question. John's response to your question, TC. The cost of service for day habilitation in { Unintelligible } is different than the cost of service for individual supported employment. So an hour of day habilitation or pre-Voke is indeed less than an hour of service under individual supported employment. And includes group supported employment. An hour of that service is definitely more than a day habilitation or prevocational services. So there is a cost difference. It doesn't have – if an individual today is receiving day habilitation or pre-Voke service and they referred to VR, they want to go and obtain employment, we have no difficulty in then authorizing the different service. So even though the cost is more, if they want to go to work, we are going to authorize a service that they need for individual supported employment. If today 100 more people moved from day habilitation into supported employment then perhaps the cost may go up. Or perhaps it may not because of the different way that it is being provided. But the cost of an hour of service is definitely more for group supported employment, individual supported employment than it is for day habilitation.

Female Speaker: And just to also comment on the question about whether the community role is then expecting that everybody is going to go to work, I think in general the community role is addressing the requirement for community inclusion. So that might mean going to work. But it might not mean going to work. It means that individuals with disabilities should have the ability to integrate and access the

community in the same way that every other person accesses the community in general. So it's not just about going to work.

Kimberly: Just to add that, as the individual chooses.

Female Speaker: correct.

Kimberly: That's an important thing. That's the person's choice.

Emmanuel: Correct me if I'm wrong. But if you talk about funding, we could talk all day long, but it sounds like there may be assessment of someone needs to be created that have the funding to do it. So my thought is once you create the assessment or the tool or whatever you want to call it, you still would create the tool and then find the funding to live up to that tool. Is that wrong or, that we can debate funding all day long, but the whole still needs to be created to be in compliance.

Susannah: It's 20 of 11. We are going to talk about these things until quarter of. I think we've done one. We still have 2,3,4 and 5. We might want to go down there and see if we have any more comments and the answer Emanuel, I think everyone agreed, yes, that is exactly correct, Emanuel. You weren't looking at them but everyone was nodding in agreement. Bringing up the look behind, I think we've talked about that a lot, and that's really 2 and 3 really. So I think DDDS is telling us we are not going to be part of the look behind. I believe that is what this says here. Does everyone read it the same way? No response to that?

Katina: I agree. I think at this point it's very different than what we were hearing early on about who was going to be doing this, and if it is going to be state staff, I want to, QA staff, whatever it be, we just need to make sure we continue to keep that in the forefront, if that wasn't what was described in that very first concept, which was caused



us all to have some alarm and concern on who would be doing these look behinds. And I also feel it is more important now for us to be looking at those verifications and what we all agree on for the verification, so folks that are looking at know what they are looking at. Because it's going to looking different to all of us.

Gail: Just one comment and aside. Once we develop the tool and verification, certainly there would need to be training so that it's uniform.

Lisa: I think part of what our group should try to do with our assessment tool and recommendation for the evidence is to be make it as objective as possible and remove as much subjectivity from the process and evidence that we are going to have so that we don't have that ability to have the variations by different teams of people doing the look behind.

Female Speaker: Absolutely agree.

Susannah: I love that idea of really trying to throw that against every question we are asking and see if it meets that criteria.

Gail: I believe that we do as much as we can but having administered training for a large division, I would be very surprised, what one person thinks a word means versus what another person thinks. I still state that very sound training needs to be applied here for state staff doing it.

Susannah: I'm keeping a list of those things that Marissa is being asked to bring back answers to. She is now on her third, which is, is there a plan for training those people who are going to do both.

Marissa: I don't think of that as a question that I have to take back and then bring back an answer. I think it is part of the charge of the committee to make recommendations on the assessment protocol which could include a requirement for whoever is going to be doing the look behind to receive specific training on the tool and expectations.

Susannah: Remember what Marissa just said. It's only a recommendation. So you all can think we are making a recommendation that there will be training but that is not necessarily picked up so I don't want everyone to then come back and say, hey, she said that. She didn't say that. She said we can recommend that. Clearly this group is inclined to recommend training. So I've taken that off of Marissa's list. She's already answered it. The last really is about setting. Does anyone have any questions or concerns about using the word setting repeatedly, and Lisa's been working on collating all of this, so she may be the person to really let us know how that impacts us what we are doing.

Barbie: What do you mean by settings?

Susannah: The place where it is. Does that accurately-- And this is the setting for this committee. It's in this place.

Lisa: So what I am attempting to do with these meetings and what you saw is I took what we did and I kind of put the questions that were not duplicative on the paper and I took them directly from what we discussed. Hopefully we'll have this large parking lot of questions that we can then, 1) go through, make sure there are no duplications, wordsmith the questions, decide how we want our responses formulated. Because you can see when you put them all together, that the different examples that we've look at have different subsets of potential answers. So we need to decide as a group how we

want our answers formulated. And so, hopefully when we're all done looking through the assessments and we have the large parking lot, then we can go through that and start to revise that.

Susannah: I made notes from that, there are four things that we would be working on once we got to the large parking lot. I agree with Lisa, those are the things that are on my list also, Lisa. So can we wrap this up, 1045? Does anyone have any additional questions? Any of those of you who have not spoken yet? Does anyone, you are all good with this? We will go onto the next part of our agenda. We have the survey questions from last week's meeting that Lisa put together and has to put up for us. We're going to review DSPD, we're going to review Hawaii, Minnesota and Connecticut. Except for Barb, everyone got their materials and Emanuel is going to send Barb the materials today when he gets back to his office. Right, Emanuel?

Emanuel: Yes.

[Talking over each other]

Gary: Some people have made reference to the DSPD document. I don't know what document you are talking about.

Susannah: It's one that Marissa gave us at our first breakout meeting. Kimberly is holding it up right now.

Kimberly: Four pages.

Gary: What's the title on the--

Female Speaker: Home and community based services non-residential setting assessment questions. Looks like an Excel spreadsheet.

Susannah: Do we want to start reviewing what Lisa

Lisa: Basically it will just be a review of what we looked at last week. I just pulled from the documents and tried not to [papers shuffling]-- So when we talked about it last week, from the stuff that Mary, Brian and Katina provided, they made some recommendations for changing the wording of the questions. So I did put their suggested language into the questions that I took directly from what they provided. Again, this will be cleaned up as far as format and numbering and things. But I wanted to have the substance of the questions.

Female Speaker: Is this something that was sent in email as well?

Susannah: Yes.

Lisa: We may ultimately determine that we don't want all of these questions. [papers shuffling] I'm looking at this question number 7. The setting provides opportunities to control personal resources. We did have some discussion about that. I think whether or not we wanted to include a question like that. I did put it on our parking lot because it was part of what we discussed but it also seemed to me that individuals who may be in a supported employment setting or other setting, they may want to go and purchase lunch out, and so in that case we would want to know potentially do they have the ability to make that choice and control what they purchase for their lunch or if they want a cup of coffee, so that is why I included that. I just wanted that for consideration. Also this question number 10 about-- and I think we did discuss this also. The setting provides individuals with the freedom to furnish and decorate their workspace or locker may not apply to everybody but I know I like to decorate my space, so--

Susannah: That format is very similar to the South Dakota format.

Lisa: What I did was I actually took what Gary sent me and cut and pasted, changed some wording. I took what Brian and Katina had done and tried to cut and paste, so other than substituting their suggestions for wording, I didn't change the format at all, because I thought it might be helpful when we get to revising the questions that we see a couple of formats together to decide how we like the format, or which format we prefer. So I didn't change anything to make them uniform.

Susannah: I'm jumping to Hawaii. I think I am going to be overruled in my simplification efforts. But if you look at Hawaii, they categorized in very user friendly terms the expectation categories. As in day program activities, meals and snacks, person centered plan at the program, respect. I thought this was very friendly for self advocates to look at, for them to actually be able to read it and understand what it was, so I like that. If I am overruled, I am overruled, but I do want to bring that up that all of the plans have categorized things, and Marissa pointed out. In DSPD, they have their numbers and they categorize expectations they literal wording of the expectation set up by CMS, which I find to be somewhat cumbersome and wordy and not necessarily easily understood. So I just bring that up. When we get to words and get to breaking down what we are doing in categories, and I do think this week and next we have to establish that we are going to do X, Y, and Z versus A through Z. Do we want to look at the other four? I didn't think Connecticut had much to offer.

Denise: I just want to note that I don't have any of that so I can't comment.

Female Speaker: All the attachments came out of one email and I thought I missed some until I realized if I just scroll down there were six more there, so I'm not sure if they all--

Susannah: I apologize. With so many papers I don't think it's in the best interest of the world that we make copies of everything every time. So I am sending you everything and it's clear that it's all in there because some people got it. It was a group email. If you would like me, Denise to resend specifically to you, I am already sending to Gail because she wasn't and member then, so I can resend it to you also if you would like. Emanuel is sending to Barb.

Denise: I don't have access to a printer all the time.

Susannah: Okay.

Emanuel: Are you going to the meeting tomorrow? We'll figure it out.

Susannah: So Emanuel is going to make sure you get printed copies of everything?

Emanuel: Yep.

Susannah: And you have everything. Okay. No one has anything to say about the other states. --all wear yourselves out talking about the expense of it?

Female Speaker: I thought you were going to put Hawaii up.

Susannah: This is Hawaii.

Female Speaker: I mean with the remarks.

Female Speaker: Yeah, I have that.

Female Speaker: Hawaii broke it down into four main subjects. They went from choice, privacy, dignity and respect and access. So I just went through it and then there were subtitles and I just went through each. I didn't know if Susannah wanted to go through them or not. Or you don't think it's necessary.

Susannah: No, I think it might stimulate some conversation.

Female Speaker: My thoughts at the end are-- this is supposed to be red, it looks more like pink.

Female Speaker: These questions could be used for day hab prevocational individual supported employment and group supported employment except for-- and this is just my thoughts-- allow clients to go to the voting polls. So I don't have any experience with that as far as, I don't know how that works. Do the jobs where somebody is working, do they take people that want to vote or is that more of a residential thing is my question.

Susannah: I would say that phrase that says, "to the same degree that people are not receiving the waived services are allowed to go vote," that would be the same for anyone with a disability who was working. If the business gives two hours for people to have vote morning on voting day, then it would have to be given to the person with a disability also.

Katina: But I want to be clear with that that it's { Unintelligible } that the staff are not providing the support for transportation because that truly is not a vocational, prevocational or support that everybody has, function. It is the residential, the family case manager if needed. But I agree that when it comes to employer, an employer has a role that says, you can do this on voting day, it should be applicable to all employees.

Gary: I recall, more in keeping with the presidential election cycle, I know that DDDS encouraged, and a lot of providers implemented, having organizations like association of, my mother belonged to the organization. Women voters come in and do a general awareness campaign with programming participants because the crux of the rule is to let people know what their rights are and to encourage their participation in the process.

Like Katina says, that doesn't mean we take people to the polls because it's a very delicate issue in terms of the prospect of caregivers or support staff influencing people's choices in an election, so we usually draw the line at informing people of their citizenship rights, informing about where they vote. We might even, I think sometimes we participate in getting people registered to vote. But that's about as far as you can go because otherwise many of the folks we support are unduly influenced by caregivers. So you definitely can't get into debates unless you have all the candidates, etc. But there are a number in the presidential cycle, there's a lot of activity around those things but the wording is really important, because it is opportunity. And the opportunity isn't governed by workplace usually.

Female Speaker: So do you think that should be put in for our assessment? Or is that important?

Gary: Well, I think the specific wording we'll have to look into, and maybe it's something our people made aware of their voting rights, because it's-- we do a lot of things around clients' rights and that's only one of the rights.

Marissa: I have a question. If you have had an individual that you were providing day habilitation service to the week prior to the date of voting said, can you help me arrange to get to vote. Would you assist the person to make arrangements to get them to the voting place.

Gary: That is an interesting question. I think we would but how it's handled depends a lot on the particular individual. The role of their family and caregivers etc. Because everyone though people, having not been adjudicated, have that right. But for us to play an active role in making that happen is a little dicey because sometimes it's not in



accordance with the families wishes etc. so day service providers are very sensitive to that. It's different on the residential side because the residential provider in many ways becomes the defacto family although there are sensitivities on the residential side also. So I'm not sure where we would draw the line. I think we would certainly facilitate someone making their own arrangements or us helping them make reservations for transportation etc., but I don't think we would actually take somebody to the polls.

John: Just to kind of piggy back on that, we would coordinate the effort. That is what we would do.

Kimberly: So we're saying that if you don't coordinate that, then you are not in compliance with the CMS rule?

Marissa: The only reason I brought that up is because it's put here as potentially something that may involve day services. It can be either included or not included. Obviously it was included in Hawaii's. I was bringing up a potential reason why it might be related to day services.

Female Speaker: My question was just, at what point do you meet the question on, does it help you assess compliance or non-compliance. If you don't 100%, going back to the original conversation, if you are not saying, okay, I am making arrangements for every single person to go to the polls, does that mean you are not in compliance.

Susannah: No. The wording there is "allow." It doesn't say "support" or "enable." It says "allow." So if someone comes and says, I'm going, I've arranged for Power Transit to pick me up at 10 o'clock to take me to the polls, you would say, no, you can't do that because you are not allowed to leave here at 10 o'clock, that would be not allowing them. Then you wouldn't be in compliance. Am I right, Gary?

Gary: It depends on your interpretation. One of the challenges is the balance in terms of responsibility given the right between the residential or person's home situation versus their job or their day program. In my job I don't get time to go vote during my work day. I do it on my time outside of work which to me is analagous to, maybe it accrues to residential. I think we are going to have that back and forth on lots of items. Money management is another one. People's financial resources for people who are in day habilitation particularly, is a residential or family issue. It's not a day program issue. I think we are going to have that debate on lots of items.

John: I'll just kick it into another direction for a second. I'm thinking in terms of employees and people who we actually pay to do the job. We have personnel policies to address those issues, and I would think that the personnel policies that apply to the folks that work for Chimes should also apply for the folks that are coming to Chimes, so if in fact we, and I know that we don't prohibit anybody from going out to vote. You have to do it on your time, which means you may have to clock out and clock back in. But we don't stop you from going to vote. So I would think that under those conditions if you came in and talked to me I would tell you that, no, we do not stop a consumer from going out to vote. It's going back to that, what happens to, bad terminology on my part, but what happens to an unhandicapped person versus to a handicapped person, and I apologize for the terminology. But we don't separate from those two things, so we don't have a policy that impedes our employees from going out and doing it. And we would follow that policy.

Barbie: I might be talking out of turn. I know Diane Jones has a daughter that had a service dog, and she wanted to vote, and they wouldn't let her.

Susannah: Who are they?

Barbie: I guess League of Women Voters. They wouldn't allow her to vote 'cause she had a service dog.

Susannah: This group or DDDS or any of the providers would not have a say one way or the other. That would be something you could take up, Lisa could take up. [laughter]

Female Speaker: This is completely off topic for what we are doing but if people were to encounter issues of polls, my office under the Health America Vote Act would address those issues in real time if we're notified when it's occurring on the day of polling or voting.

Lisa: I am conflicted about whether I like that voting question or not. Many of the other sample polls we looked at don't include voting. I can see where it would apply to, do individuals have the ability, the right to vote as far as community inclusion, but it doesn't really seem to fit real well for what we are focused on.

Marissa: { Unintelligible } or it's just my opinion. But I could potentially see this particular activity addressed like any other kind of activity that the person wants to do during the course of a day so I don't know that it should necessarily have to be singled out. So if they on a particular want to go to a show in Dover, how is that different than on a particular day they wanted to go vote. So I don't know that we need to be separated out.

John: You're talking strictly on a day habilitation piece of this.

Marissa: That is right.

John: The employment side is impacted by the policies--

Female Speaker: Obviously if you are working from 9 until 2 you can't go to a show in Dover at noon, right, because you are working, so it would be the same for this. Unless there's a particular policy that allows you to go during the course of a work day to do that, you wouldn't go out to the--

Susannah: You want to move on--

Female Speaker: On B, does your day program have, and it says, volunteer work. Is it necessary that we put how often during the week? Job opportunities, have you been given a choice to work and earn a paycheck versus volunteer work. But that goes towards the end too 'cause there was a section towards the end right before the money, is employment. And that could be covered there too but they're questions I thought about. Do we need to say, how often is there volunteer work and explanation job opportunities, have you been given a choice to work and earn a paycheck versus volunteer work.

Susannah: I think in all cases every single assessment is going to have to question, have you been given the opportunity to work, so wherever we end up with it, it's going to be on there somewhere.

Female Speaker: Okay, { Unintelligible } through.

Susannah: Yes, good to highlight it because that is one of the ones we know is going to have to be on there.

Denise: The top one says, activities that can be done with people who do not have a disability. It doesn't specify then that they mean other than staff, which is the reasoning behind it. It's not that we have staff that doesn't have disabilities.

Susannah: Denise, I apologize, because you don't have the other ones, but most of the other ones do say that, so once again, this is going to be something that we know it's going to be in there because it's everywhere, and I think we'll want it to be in there.

Kimberly: I am kind of confused because we are saying, do you have opportunity to do volunteer work. I thought the provider was answering these questions, not the individual, so should it, I know we are not at the point where we are working specifically on wording, but just in the context when we are looking at these, are they going to be rephrased to, does everyone, do you offer everyone the opportunity to volunteer or stuff phrased more like that?

Susannah: The Hawaii one is definitely geared toward self advocates, individuals receiving the services. That's why I like it [chuckling], so, sorry.

[Talking over each other]

Female Voice: ... the Hawaii model but it also does say, does your client, does your day program, and it could be said on the first meeting, when we came through it, that this poll could be very well transferred to, and that is why I think Hawaii is that the provider has been able to use it, but then it could be given to the self advocate, the person receiving the services to be able to evaluate their own individualized program, as a monitoring tool moving forward past its initial stage, and I think that is the whole point of this anyway.

Susannah: On our time line from DDDS that is the last thing on the timeline. Moving forward, how are things going to be monitored.

Marissa: I just want to make one comment. I think it was Tennessee, in their initial assessment process had both a provider assessment as well as a service recipient assessment. So their attention was to do both an assessment with the provider as well as individuals receiving services, so it doesn't necessarily stand that it would have to be a subsequent ongoing tool for after the process tool. It could be the committee could decide that the tool could be established in a way that Hawaii is established so that there could be both a provider self assessment as well as a consumer assessment or a { unintelligible } assessment that would be part of the initial assessment process, just to put it out there.

Gary: Thinking through this process and reading the state plan, the context seems to be that you are looking for organizational compliance, not looking at every individual in the service center. On that same time, the state plan refers to compliance, and it can be compliance with deviations, as I said before, so I think it's important to remember that the intent according to the state plan and CMS is not to look at every individual service recipient, it is supposed to look at the environment that is created for the provision of service. The exceptions are in individual plans. The substance of all your supporting documentation is supposed to be policies and procedures, etc., not the individual plans primarily. There may be some instances where initial is only appearing in plans, but the plans, you don't need to look at individual cases unless you are documenting the deviations.

Susannah: Gary, can you put that in the form of a question for Marissa since she's asking the hundred percent question, hundred percent compliance or not question.

Wouldn't adding where deviation fits within that be a part of that question to DDDS? Or are you saying that's all you can decide?

Gary: To me, it's not a question when you read the state plan, it's clearly stated that a setting can be in compliance and it can include identification of deviations where there are individually documented exceptions to the general setting and rule that is found in compliance. That is what the Delaware state plan says, so I don't have any question in that regard. I don't think it's a question that needs to be asked.

Marissa: That is based on CMS guidance, that indicates there is an allowance for modifications based on specific percent.

Gary: Right.

Susannah: Okay, so we're good with that. There can be deviations and you can still be in compliance. And everyone understands that.

John: I understand, agree with it, but I still think it needs to be stated somewhere. We talked about training folks and having an objective approach to when they come out to do the follow along, so I think that has to be included in writing in the tool itself so that when that occurs then the reviewer knows they need to move to look at the individual support plan. But I think Gary's got it right, let's be specific about it.

Susannah: Gary, does that--

Gary: I agree with what John is saying but part of what I am trying to avoid moving ahead to going through all these processes is that the implication should not be that the provider has to identify every deviation. If the setting is significantly in compliance or substantially in compliance there is no need to go ahead and identify the deviations.

You could have a situation where all of your situations, every participant in that setting has a deviation in their plan. That might be a different matter. But if the setting seems to be substantially in compliance on the issue, you don't need to go into all that additional--

John: I agree. I don't think this is about the yes answers. I think it's about the no answers.

Gary: Right.

John: Okay, as you are going through the thing, when something shows up as a no, and it is driven by an individual plan, that is the red flag.

Gary: So it's a no but.

John: Yeah, exactly, and I've seen a couple of these, I don't see it on Hawaii plan, but a couple of these things have explanation. I think this one had, I think that answers that question. When you get a no, then it seems to me that the provider should be able to provide the explanation for that no that would turn that into a yes.

Gary: Right.

Susannah: Lisa, would you capture this in our minutes. This discussion because I think it's important when we are making decisions about wordsmithing and how we format our recommendation to DDDS.

Kimberly: But to the extent that your "no but" how much. Maybe this group needs to make a recommendation on how much "no but" is acceptable before a certain level of remediation and fiscal costs are impacted then. Because you could have "no but" like we're saying for everybody, well, is that really meeting the rule, or is it not.



Gary: I think maybe we expressed it wrong. If you have individual documentation that justifies the deviation from the standard, your answer would be "yes but." In which case you are in compliance on that part of the [talking over each other] rule because you have individual documentation that substantiates the good cause for the deviation in terms of individual support needs.

Susannah: Most of the time it would be yes because it's in the person centered plan. You are in compliance because this is in the person centered plan. Am I correct that that would be the normal yes? Denise is squirreling her face.

Denise: No because anyone that doesn't have the disability that has control over the person can engage in a person centered plan. That can contain anything you want and therefore nobody would ever be out of compliance if it's what-- Let me give an example of what I think we are talking about. For instance, there is a question, [ unintelligible ] rule that says, is food available. And you would be in compliance even if you had a lock on your refrigerator if that refrigerator served somebody with Prater Willis syndrome. So the answer would have to be no, but you are in compliance because you are providing the most integrated setting that is possible for that person or for the people in general. And if it was a place of employment where they had a lunchroom and there's locks on the refrigerators, it would still have to be no, but we make the food available to everyone without Prater Willis syndrome by unlocking it for them or giving them access to it. It's a matter of yes or no, and it really is, but you still can be in compliance but you have to explain that compliance.

Gary: I think that reasoning is very appropriate. Unfortunately it flies in the face of the answer to question number 1 coming from DDDS. Those two are incompatible. Either

DDDS needs to moderate their answer a little bit more specifically to encompass the deviations as you are describing or they need to come off the 100% notion. The two are incompatible.

Marissa: One thing I want to comment on is there is an element of assumption in the intent of the question, right. So there is an assumption that this committee wanted to know if no answers would be acceptable, and the assumption was that the committee was thinking that only yes answers would be acceptable. So in some ways you need to look at the tool and know what the question that is being asked in order to truly say a yes answer would be acceptable, a no answer would be acceptable. So in some ways the answer is based on a set of assumptions, does that make sense?

Gary: You need more context.

Marissa: Sure. So one of the things though that perhaps might be considered by this committee is a charge or instructions or some guidance information as part of the tool that specifically addresses individual exception, and you can use the information directly from CMS that says, modifications of the requirements must be supported by the specific assessed need, justified in the person centered service plan, documented in the service plan. And then there is other expectations here that prior intervention to support including less intrusive methods have been tried. Description of a condition proportionate to the assessed need, ongoing data, measuring effectiveness of modification, established timelines for periodic review of modifications, individuals' informed consent, insurance that interventions and supports will not cause harm. So there is very clear acknowledgement by CMS that there are pieces where an individual's services and supports may not completely comply with the expectations set out in the

final rule, but they're saying that you have to do these things in order to ensure that you are in compliance. Does that make sense?

Female Speaker: I have a question. The person centered plan seems to be very very important in all of this. And yet I'm hearing that you can go through the facility, check of assessments and not really have to link to person centered plans. I think somewhere in this process there needs to be some kind of reconciliation between them, maybe in the look behind or some place. The person centered plans, maybe you take a stack of them and so many have this requirement, maybe 80%, 20% and then there's some that are very very unique, and see if the facility had, but certainly wouldn't we want to know that most of the time the facility is in compliance with falling through with the person centered plan.

Susannah: The facility would not be responsible for creating the person centered plan, so in the absence of a person centered plan, what are they supposed to do? How does that become part of an assessment when it's not their requirement to do it and they have no ability to hold anyone accountable for it.

Female Speaker: Okay. And so the facility doesn't have anything to do with-- I'm just going by meetings I have that everybody is there and it's all done, so who is required to do that, DDDS?

Susannah: Correct. Case { unintelligible } Marissa, I won't speak with the DDDS, I'll let you speak with them.

Marissa: Waivered services, that person who's responsible for assisting a person to create their person centered plan is the case manager.

Female Speaker: So that is the person that is-- that is going to be cumbersome. All of them would be going to the facilities and-- { unintelligible } checking that the person has--

Gary: I think one of the interesting cunundrums in the whole process is that many of the issues that are referred to in the CMS rules, most of our policies, procedures and individual plans are silent on the issues. Because some things are assumed, and for all these years that DDDS has been sponsoring day services, DDDS has been silent on many of these issues because there have been certain embedded traditions and assumptions, so there have been a lot of things that have been going on that aren't reflected in writing at all. They're just a matter of routine, it's the essential features of a particular program and setting. And then as you are implying, there are person centered plans and then there are person centered plans. We have essential lifestyle plans which in Delaware are the branded supposedly good ones, and then there is a trickle down that goes way down to the point where there's no plan at all except for what the service provider does, which only focuses on basically identified goals. It does not define features of the setting. That is why a lot of the emphasis in this assessment is on policies and procedures, program descriptions. There is going to be a lot of informal documentation, because heretofore DDDS has been silent on many of these issues.

Female Speaker: My comment to that is maybe DDDS needs to take a more active role in active policy making that can be read and not, this is a policy, but it doesn't exist anywhere.

Gary: I think DDDS is aware of that because there are lots of efforts going on to address the shortcomings of some of the planning processes. If we are successful in getting a

family support waiver in place, that is going to provide the resources to bring real person centered plans into family support. 50% of the people we serve live with their families, so they're out of the loop in terms of most of what we are talking about. But the division is trying to address, recognize, then try to address those problems. But what the plan that we're referring to consists of is a significant issue in this whole process, and we are going to have to address what we are talking about when we talk about person centered plan.

Female Speaker: I have a question, Gail. Big picture. Does this come down to process for you? Or will there be [someone coughing] it becomes that then link to specific consumers? So many of the federal audits that I have ever been part of and see, do you have it on paper, dah dah dah dah, and then you get a triple A rating and really that might be all you have, is it on paper. And I just want to know is this going to come--

Susannah: All we are doing here is recommending an assessment tool. That is all we are doing. That is all disability is doing, so I think these are huge questions and concerns that need to be addressed and answered maybe not at this table but maybe you can encourage Marissa to have some committee that is actually addressing person centered plans, as I know every parent and every individual I serve has questions about that.

Marissa: What I would just say briefly is, this is one committee that is formed to work on compliance with the final rule, so the division has its own set of issues that they have to address, which has already begun, and we are looking at policies and procedures.

Gary: I infer from looking at the various tools from the different states that by the time we are through this whole painful ordeal in several years without a doubt there are

going to be much more prescriptive policies in place from DDDS that basically define the expected practices in all these areas that we are talking about. Whereas DDDS is silent on many of these things now, which is clearly problematic for the providers, 'cause it's like magical expectations, all of a sudden we're expected to be in compliance with something that is never been expressed before. But I'm sure we are going to end up with basically program regulations targogt define how much, what it would look like, etc..

Susannah: We are going to move on. It's 11:30 and we're supposed to finish our discussions reviewing the states and the materials. We're doing just fine with time. If anyone has some other discussions or if T.C. wants to finish going through Hawaii ...

T.C.: It's up to you.

Susannah: I think it's important that we re-evaluate our timeline. This committee's timeline to see what we said we are going to accomplish by when and where we actually are and how we need to readjust that. That is why I put that on here, but before that some meeting recaps are, Emanuel, you are going to provide Barb with electronic copies of everything and Denise with printed out copies, is that correct? And I'm going to send everything to Gail, our new member. Kimberly was a sort-of member, so she got everything. Correct?

Kimberly: I'm an official member now.

Susannah: And Gail's an official member also. Vicki will have to make you a card. Are there any other recaps from the meeting? This is the first time we'll have minutes, so Lisa, do you need anything to add to this?

Lisa: I think I'm okay as far as minutes. When I leave here I will go and do them based on my verbal note taking, chicken scratch. We all have our own shorthand.

Susannah: Thomas, did you have anything you want to add? You have been very quiet at the table.

Thomas: No.

Susannah: Okay. Angie.

Angie: I am taking it all in [chuckling].

Susannah: We do hope that those of you who identify yourselves as parents contribute information to help us make this appropriate for your loved ones.

Female Voice: I am going to ask this question. I know you are going to go, what? When we are doing the assessment, it is all about the settings, and only when there is an issue where it's 100%, then it becomes about the person centered planning, correct?

Susannah: It could, yes. It could become something else.

Female Voice: But if there is a problem, it could become something--

Susannah: Remediation. Let's not call it a problem. Remember we said we are going to be as objective about this as possible, so if there is a deviation then it could come about the person centered plan. Someone jump in if I get it wrong, okay.

Female Voice: I am looking at the different states that I am-- I do have that tendency to think about the person, but I shouldn't be, I should be looking at the setting for the people.

Susannah: That is the exercise here, that is correct.

T.C.: This is Gail talking [laughter]. I hope that one was garbled.

Susannah: Gail, do you have anything to add [laughter]?

Gail: T.C. Is very apt in her comments that were my comments [laughter].

Susannah: All right. Do we want to-- I attached the timeline to the back of the agenda.

Today is the 29th. I would say we haven't finished collating all the questions. I'd say that is Lisa's homework.

Lisa: I agree.

Susannah: And I think we are semi on track to establish the core questions next meeting, which means we really have to dig in. No long debates because we are going to get through probably hundreds of questions. We are going to have to really focus on that. Does anyone see that differently?

Gary: I don't see it differently but a suggestion to facilitate getting through things, as we establish the core questions, maybe we can tag them. We've got four different service types. Maybe we can tag them in terms of, which they might be applied, because I can see umteen instances where some of them probably are not going to be considered germane to supported employment, and it's one way to simplify the process a little bit.

Susannah: I made the note, in addition to liking the focus of the Hawaii one, I also liked their categories, and I think maybe if we took the first 15 or 20 minutes of our meeting next week, and decided, these are the categories that we will plug our questions into. That might help us focus a little more versus just randomly looking at all these questions. If we do that, I'll put that on the agenda to establish the categories. We'll



hash through that, come up with it, decide on it, and then we'll start plugging in the core questions into those categories. Is everyone on that?

Lisa: I have a question about that. To me when we say core questions I thought our discussion was there might be a series of core questions that apply to everything or that are more generalized and then maybe more specific questions that would apply to specific services, so to me the use of core questions, it's not making sense in my mind.

Susannah: I don't think we ever answered the question. Were we going to break it down into four separate?

Female Voice: Yes.

Susannah: We've never decided on that. Maybe that should come before the agenda.

Do we want one or four? Katina's not here but she had lots of thoughts on that.

Terri: I thought Hawaii, a lot of their questions did cover all four, which I thought-- it was pretty simple and it did just pertain to all four, so would that make it easier for answering?

Gary: That certainly makes sense as a simplicity notion but in the instances where a particular question like the one about voting or money management as examples, if they aren't considered germane to one of the services, then it would produce a no. So we've got to discriminate in terms of at least where a particular one is not applicable.

Brian: I thought we had talked about this one option also not having applicable as a choice for that particular reason so that if something like voting is coming up and providing certain services, it wouldn't necessarily be something that then, "not applicable" would be the choice.

Marissa: And I just want to comment that if you include "not applicable," you need to make sure that you clarify when it would be acceptable to say "not applicable."

Brian: One of the things we had also talked about is that there would likely be many questions where "not applicable" wouldn't even be an option because it would either be a yes or a no.

Marissa: This goes to training perhaps on the tool. However I can see just based on historical documents where someone may have marked "not applicable" because they--  
[laughter]

Group: Don't want to answer the question [laughter].

Lisa: I have a suggestion looking at our timeline. So next week and the following week are similar tasks, establish core questions and subdivision for the four services. My suggestion would be what Gary was suggesting that maybe we take the large parking lot of questions before we decide core questions and look at each question and color code them. I like colors. And assign, day hab, prevoc, group supported, and supported employment, and put that next to each question and then for the next week I can separate them and then we can collate them better. That just seems to make sense in my mind and I am certainly open to other suggestions, but--

Susannah: And where in that, Lisa, is going to be questions that apply to all four. Would that be first?

Lisa: This would be my suggestion. So once we take each individual question, determine which of the four services it would apply to, once I could make four lists, we will be able to see what the overlap is.

Marissa: I would offer as a suggestion putting it in a chart and maybe doing an X, so you have here's the question, day hab, prevoc, individual and group, and then you mark. And that way you can easily see the--

Lisa: And I can prepare that before next week so that as we're doing it, I can just put checks, and then we will be able to visually see which for me tends to help. And then I think it will [someone coughing] discussion about how we want to have a core or how we want it structured. Maybe once we've made that determination.

Susannah: Sounds great to me.

Brian: I apologize if I am completely missing something. Did we have any discussion about the Minnesota plan? I thought that was the one we were all going to review and then discuss, and we talked about Connecticut a little bit today. We talked about Hawaii, but I don't think--

Susannah: I brought that up and each time I said, does anyone want to bring anything else up. We only did Hawaii because T.C. had specific notes on it. But no one brought up any other states. If we think we need to revisit those states at the beginning of next meeting, speak now.

Gary: I agree with Brian, I'm assuming I'm agreeing with Brian. I was looking at Minnesota's. There are some very different concepts embedded in there, and I think it does bear consideration, plus as many of us know, Minnesota tends to be seen as a-- on the forefront of most I.V. services, so I think it would appropriate.

Susannah: Would anyone like to volunteer to take notes on Minnesota so that we would cut down the conversation time at our next meeting. But we will put it first on the agenda.

Gary: I would suggestion that if Lisa is willing, I think the better approach would be to merely add the Minnesota questions to the rest that she's already developing.

Susannah: Okay.

Gary: I'm sure they're going to be worthy of consideration, as worthy as the other ones that we've thrown--

Susannah: If you want to also discuss the format of Minnesota? Because they put it in a different-- they've done it very differently than other states.

Female Voice: I just want to reiterate that Susannah said several times, does anyone else want to discuss any other state.

Brian: I apologize ... I was spaced out during that time. [laughter] I didn't realize that was exactly what you were asking. I thought it was the intention to go through each individual state and ask about each individual state.

Terry: I think because it is so different we should take a look at it next time.

Brian: I am willing to take the lead in at least drawing up some key questions we might want to consider.

Susannah: That was Brian. Because he is spaced out he's now taking the lead [laughter].

Lisa: Brian, if you could potentially get some kind of recommendation to me by Tuesdays I can add it to our chart so that after we have our discussion can then go through our process of what we were just talking about.

Brian: Yes, sure. I agree with Gary. I think it might be we just want to add questions directly to the list we are going to be looking at. I guess what I was thinking is that I would look at the format and bring back to the group the differences that are in the format, the different kinds of questions that they are asking, and facilitate that discussion, is what I was thinking. I would say, Lisa, just go ahead and add those questions is my recommendation. And I'm happy to partner with anybody else in the committee who wants to look at that with me.

Susannah: It's quarter of. And does anyone on the committee have anything else they want to say, or are we going to open it up for public comment. We would like to do that at every meeting, so those who have joined us have an opportunity to speak.

Female Voice: Just real quick, Lisa, when you have time during the week, can you also go through the stuff that I wrote on Hawaii and add anything that you agree with on the questions?

Lisa: Yes. I will do that.

Kimberly: If you finish in time, can we get the collated list in advance, so those of us who want to look at it, can do so for the meeting?

Lisa: My plans in when I leave this meeting, to fill in our informal minutes for our use to send to Susannah and do that today while that's fresh in my mind, and to-- I will commit to getting my collated list of questions based on our discussion to Susannah on Friday,

by the end of the day so that she will have them for Monday so hopefully they can be distributed either Monday evening or Tuesdays morning.

Susannah: I will send them out prior to the anything else so that people have time, as soon as I get them. We are going to be open for public comment prior to adjourning. So we have some { unintelligible } if anyone wants to comment, now is your time.

Brian: Just one more thing. So next week I will be calling in, and so if we could just make note to open up a conference line at the meeting.

Marissa: The conference line information is out there. We have it.

Female Voice: No, you have to request new conference line and call-in information for each time you want it. So last meeting's information won't work, so you have to rework with Vicki to get the new information.

Marissa: We have set up a conference line for every date with a number, so if Susannah does not have that out, we'll make sure--

Susannah: This is it. I do have it. Anyone who notifies me that they need to call in, I send this out to them when they do. I am trying not to send out extra things.

Female Voice: Do you want someone else to look at Minnesota, let me know.

Susannah: Okay, we're adjourned.

